

特許出願宣言書

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## CALCULATING AN EXPOSURE AMOUNT

the specification of which  
(check one)

☒ is attached hereto

☐ was filed on \_\_\_\_\_ as \_\_\_\_\_

Application Serial No. \_\_\_\_\_

and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

## Japanese Language Declaration

私は、合衆国法典第35部第119条に基づく下記の外国特許出願または発明者証出願の外国優先権利益を主張し、さらに優先権の主張に係わる基礎出願の出願日前の出願日を有する外国特許出願または発明者証出願を以下に明記する：

### Prior foreign applications

先の外国出願

08-117277

Japan

May 13, 1996

(Number)  
(番号)

(Country)  
(国名)

(Day/Month/Year Filed)  
(出願の年月日)

(Number)  
(番号)

(Country)  
(国名)

(Day/Month/Year Filed)  
(出願の年月日)

(Number)  
(番号)

(Country)  
(国名)

(Day/Month/Year Filed)  
(出願の年月日)

### Priority claimed

優先権の主張

<input checked="" type="checkbox"/>	<input type="checkbox"/>
Yes	No
あり	なし
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
あり	なし
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
あり	なし

私は、合衆国法典第35部第120条に基づく下記の合衆国特許出願の利益を主張し、本願の請求の範囲各項に記載の主題が合衆国法典第35部第112条第1項に規定の態様で先の合衆国出願に開示されていない限りにおいて、先の出願の出願日と本願の国内出願日またはPCT国際出願日の間に公表された連邦規則法典第37部第1章第56条に記載の必要の情報を開示すべき義務を有することを認める。

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)  
(出願番号)

(Filing Date)  
(出願日)

(Status)  
(現況)

(patented, pending,  
abandoned)  
(特許済み、係属中、  
放棄済み)

(Application Serial No.)  
(出願番号)

(Filing Date)  
(出願日)

(Status)  
(現況)

(patented, pending,  
abandoned)  
(特許済み、係属中、  
放棄済み)

私は、ここに自己の知識に基づいて行った陳述がすべて真実であり、自己の有する情報および信ずるところに従って行った陳述が真実であると信じ、さらに故意に虚偽の陳述等を行った場合、合衆国法典第18部第1001条により、罰金もしくは禁錮に処せられるか、またはこれらの刑が併科され、またかかる故意による虚偽の陳述が本願ないし本願に対して付与される特許の有効性を損なうことがあることを認識して、以上の陳述を行ったことを宣言する。

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

F0540043-04300

# Japanese Language Declaration

委任状：私は、下記発明者として、以下の代理人をここに選任し、本願の手続を遂行すること並びにこれに関する一切の行為を特許商標丁に対して行うことを委任する、  
(代理人氏名および登録番号を明記のこと)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

James A. Oliff, Reg. No. 27,075; William Berridge, Reg. No. 30,024;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411 and  
Edward P. Walker, Reg. No. 31,450

書類の送付先:

OLIFF & BERRIDGE  
P. O. BOX 19928  
ALEXANDRIA, VIRGINIA 22320  
Telephone (703) 836-6400

Send Correspondence to:

OLIFF & BERRIDGE  
P. O. BOX 19928  
ALEXANDRIA, VIRGINIA 22320  
Telephone (703) 836-6400

直通電話連絡先: (名称および電話番号)

Direct Telephone Calls to: (name and telephone number)

第一の発明者(第一発明者の氏名)	Full name of sole or first inventor <b>Masahiro SUZUKI</b>
署名(氏名) 日付	Inventor's signature <i>Masahiro Suzuki</i> <sup>May 11, 1997</sup>
住所	Residence <b>Inzai-shi Chiba-ken, Japan</b>
国籍	Citizenship <b>Japanese</b>
郵便・電報	Post Office Address <b>c/o Nikon Corporation Fuji Bldg., 2-3, Marunouchi 3-chome, Chiyoda-ku Tokyo 100, Japan</b>
第二の発明者(第二発明者の氏名) (併存する場合)	Full Name of second joint inventor, if any <b>Akihiko HAMAMURA</b>
署名(氏名) 日付	Second inventor's signature <i>Akihiko Hamamura</i> <sup>May 12, 1997</sup>
住所	Residence <b>Chiba-shi Chiba-ken, Japan</b>
国籍	Citizenship <b>Japanese</b>
郵便・電報	Post Office Address <b>c/o Nikon Corporation Fuji Bldg., 2-3, Marunouchi 3-chome, Chiyoda-ku Tokyo 100, Japan</b>

(第二の発明者の署名と日付は、第二の発明者が第一の発明者と共同発明者であることを示す。)

(Supply similar information and signature for the 2nd and other joint inventors.)

F054094 E1604350